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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											Application or Docket Number				
APPLICATION AS FILED - (Column 1)						- PART I (Column 2)			SMALL ENTITY			OTHER THAN SMALL ENTITY			
FOR			NUMBE	R FILED	NU	NUMBER EXTRA		RATE	(\$)	FEE (\$)		RATE (\$)	FEE (\$)		
BASIC FEE (37 CFR 1.16(a), (b), or (c))							1								
SEARCH FEE							1								
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE			-				1								
(37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS							┨								
(37 CFR 1.16(i))			9_	minus 20	) = *		1	×	=		OR	X =			
INDEPENDENT CLAIMS (37 CFR 1.16(h))			_2_	minus 3				×	=			x =			
FEE	LICATION SIZE CFR 1.16(s))		sheets of is \$250 (\$ additional	paper, th 125 for s 50 shee	ne application in a service in	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).					- X -				
MUL	TIPLE DEPEND	ENT CI	LAIM PRES	ENT (37 C	FR 1.16(j))										
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTA	AL.			TOTAL			
									- ,						
		LICA I	ION AS A	MEND	ED – PAR	i II						071155			
4	4) 18 (Column 1) (Column 2) (Column 3)						_	SMALL ENTITY			OR -	OTHER THAN SMALL ENTITY			
AMENDMENT A	A	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	*	Ġ.	Minus	" 20	=		х	11		OR	x =			
	Independent (37 CFR 1.16(h))		2	Minus	*** 3	=	1	х	_		OR	х =			
ME	Application Siz	e Fee (	37 CFR 1.16	S(s))			1				J.,				
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR	7 2 3 3 1			
							_	TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE			
		(Col	umn 1)		(Column	2) (Column 3)					_				
MENT B		REA A	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)		
	Total (37 CFR 1,16(i))	·		Minus	**	=		x			OR	x =			
	Independent (37 CFR 1.16(h))	•		Minus	***	=	1	x	_		OR	x =			
AMEND	Application Size Fee (37 CFR 1.16(s))						1	Ê			UK.				
⁴	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		· · · · · ·		
				-			J	TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE			
١ ١	* If the *Highest	Numbe	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

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